

Firefighter Employment Application

City of Raleigh Fire Department

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. This record will be strictly confidential and the exclusive property of the City of Raleigh, North Carolina.

A **Firefighter Employment Application** must be received, or postmarked on or before the closing date for the position of Firefighter I.

The City of Raleigh complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the City of Raleigh.

In accordance with Americans with Disabilities Act, the City of Raleigh will consider reasonable accommodation if requested.

The City of Raleigh is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.



Applications mailed/delivered to: Keeter Training Center – 105 Keeter Center Drive,
Raleigh, NC 27601 PHONE: (919) 831-6395

222 West Hargett St. P.O. Box 590 Raleigh, NC 27602
www.raleighnc.gov/employment

PLEASE read over this portion of the application carefully BEFORE you begin to complete your Firefighter Employment Application.

Answer all questions according to the instructions in each section. (The general "City of Raleigh" application will not be accepted.) This application must be typed or filled out using black or blue ink; **NO PENCIL OR OTHER COLOR INK IS ACCEPTABLE**. The writing must be legible; if we are unable to read your writing, we will not be able to process the application.

When you are asked for References (Item 19 on the application), please make sure each of your five (5) references (**do not repeat a name**) have a complete home address or a complete business address with **phone numbers** and the type business or occupation of that person. We can't check references if we don't have a legitimate phone number. Do not repeat names of supervisors listed under Part IV, WORK HISTORY.

Be sure to give us a total of **10 years** for previous addresses. This must include complete addresses and may be completed on the back of your application. You must account for the last 10 years without any missing time or gaps in residency.

Note: If you were in the military during the last 10 years, we need that listed with the dates of service AND a copy of your DD214 to verify service and dates. You do not have to list each area you were deployed to during your enlistment.

Applications to be mailed or hand delivered to:
Keeter Training Center
105 Keeter Center Drive
Raleigh, NC 27601

Applications must be postmarked by the closing date, or delivered by the closing date to Keeter Training Center.

The closing date for accepting applications is Friday, October 22, 2010.

Applications will not be accepted by fax or e-mail.

Danny Poole
Assistant Chief - Training
Raleigh Fire Department
Keeter Training Center

PERSONAL DATA

1. Position for which you are applying: **Firefighter I** Position Number _____

2. Name _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME)

3. Phone: Area Code and Phone Number:
 Day (____) _____ - _____ Evening (____) _____ - _____ Other (____) _____ - _____

4. Email address: _____ @ _____

5. Present mailing address: _____
 (NUMBER AND STREET, RFD OR POST OFFICE BOX NUMBER)

(CITY) (COUNTY) (STATE) (ZIP CODE)

6. Permanent address if other than shown above: _____

7. Name of person to be notified in case of emergency: _____
 (____) (____) - _____
 (ADDRESS) (PHONE NUMBER) (RELATIONSHIP)

EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED	HIGH SCHOOL EQUIVALENCY TEST/GED	COLLEGE
Grade School High School	Date State Awarded Institution Where	Indicate Number of Credit Hours Received Semester Hrs. Quarter Hrs.

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	GRADUATED Yes No	TYPE OF DIPLOMA OR DEGREE	MAJOR/ MINOR OR FIELD OF STUDY
High School or Vocational School				
Technical Institutions or Schools				
College or University				
Graduate School				

8. Special professional and vocational qualifications, i.e., licenses, publications, public speaking, membership in professional or scientific societies, and volunteer experience:

9. Awards, honors, and fellowships received:

WORK HISTORY

10. In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

1. Name and business address of employer:

Date of employment from:	to	Title of position:
Month/Day/Year		
Part time: <input type="checkbox"/>	or Full time: <input type="checkbox"/>	Number of hours worked per week:
Beginning salary \$		Present or last salary \$
Name and title of supervisor:		Phone number () -
Description of duties and responsibilities:		
<hr/>		
<hr/>		
Reason for leaving:		

May we contact your present employer regarding your record of employment? Yes ☐ No ☐

2. Name and business address of employer:

Date of employment from:	to	Title of position:
Month/Day/Year		
Part time: <input type="checkbox"/>	or Full time: <input type="checkbox"/>	Number of hours worked per week:
Beginning salary \$		Present or last salary \$
Name and title of supervisor:		Phone number () -
Description of duties and responsibilities:		
<hr/>		
<hr/>		
Reason for leaving:		

3. Name and business address of employer:

Date of employment from:	to	Title of position:
Month/Day/Year		
Part time: <input type="checkbox"/>	or Full time: <input type="checkbox"/>	Number of hours worked per week:
Beginning salary \$		Present or last salary \$
Name and title of supervisor:		Phone number () -
Description of duties and responsibilities:		
<hr/>		
<hr/>		
Reason for leaving:		

MILITARY SERVICE

11. Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "yes" complete items below. Branch of Service _____ Active Duty _____ Rank upon separation/discharge _____ Date of Final Discharge: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> From: _____ To: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Month/Day/Year Month/Day/Year </div>	
12. Describe special training and military assignments related to job applied for (if applicable): _____ _____	

ADDITIONAL INFORMATION

Answer items 13 through 18 by placing an "x" in the proper column.	YES	NO
13. Have you ever been employed by the City of Raleigh? (State your name at that time in Item 20 if it was different from your present name.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you related by blood or marriage to any person now employed by the City of Raleigh? If "yes", give name and relationship and the Department in which the relative works in Item 20. Relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, and first cousin.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been dismissed or forced to resign from any position? If yes, give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
18. You are applying for a position that requires a driver's license, if you are licensed by the State of North Carolina to operate a vehicle complete the following: License No. _____ Class _____ CDL _____ Class _____ (A valid North Carolina Driver's License will be required within 30 days of employment)	<input type="checkbox"/>	<input type="checkbox"/>

19. List five persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do NOT repeat names of supervisors listed under Part IV, WORK HISTORY.

NAME	PRESENT BUSINESS OR HOME MAILING ADDRESS & PHONE NO.	BUSINESS OR OCCUPATION
	Business Phone: () -	
	Home Phone: () -	
	Business Phone: () -	
	Home Phone: () -	
	Business Phone: () -	
	Home Phone: () -	
	Business Phone: () -	
	Home Phone: () -	
	Business Phone: () -	
	Home Phone: () -	

20. Space for detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAILS

PHYSICAL EXAM AND CONTROLLED SUBSTANCE TESTING: A routine pre-employment physical exam, administered through the Employee Health Center, is required following an offer of employment. Any medical problems identified during the physical exam that are directly related to the ability to perform assigned duties may result in withdrawal of job offer or termination if already employed.

Controlled substance testing is required prior to finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion, or transfer, and may be grounds for dismissal if already employed.

Scheduling information will be provided at the appropriate time.

In accordance with Americans with Disabilities Act, the City of Raleigh will consider reasonable accommodation if requested.

OVERTIME POLICY AND AGREEMENT FOR NON-EXEMPT POSITIONS: Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the City of Raleigh.

FOR MALES AGE 18 THROUGH 25 ONLY: Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: ☐ YES ☐ NO

MANAGEMENT POLICY: PART VII

TITLE: EMPLOYMENT OF RELATIVES

No person shall be employed, promoted, demoted, transferred, or otherwise appointed to a position supervised directly by a relative. Department heads may make transfers or reassignments, when possible, that will allow the appointment to take place but avoid supervision or other situations where influence over a relative's employment conditions could be exercised.

No person serving as evaluator of applicants for employment (interviewer, selection panel member, assessor, etc.) may be a relative of any applicant for that position.

This policy applies to all employment actions, including new hires, promotions, demotions, and transfers effective this date and following. Department heads are responsible for compliance with this policy and ensuring that favoritism does not occur.

Every new hire and candidate for promotion will sign a statement acknowledging an understanding of this policy and its potential effect on their employment with the City of Raleigh.

DEFINITION OF RELATIVE: For purposes of this policy, relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, including such relationships by marriage, and first cousin.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

DECLARATION OF APPLICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment, including application inserts and resume, is subject to verification by the City of Raleigh. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

Date

Applicant's Signature

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE CITY OF RALEIGH

JOB TITLE & NUMBER Firefighter I () **DEPT** Fire

SUPPLEMENT TO CITY OF RALEIGH EMPLOYMENT APPLICATION

This form is confidential and is used by the Personnel Department to obtain background investigation and compile Equal Employment Opportunity statistical data. Please **fully complete** relevant sections in **LEGIBLE PRINT** so that your application can be processed.

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I authorize the City of Raleigh, its contractors, and its agents, to contact orally or in writing any third parties to obtain information which the City of Raleigh or its agent deems necessary and appropriate in verifying my application and qualifications for employment. I specifically authorize the City of Raleigh, its contractors, and its agents to:

Obtain information from my present or former employers and any person or educational institution identified on my employment application, or developed as a reference from information supplied by me, concerning my work, academic records, character, or skills.

Obtain information from any state or local law enforcement agency and from U.S. Military authorities concerning my conduct, including Criminal History Records and Motor Vehicle Records.

I also request that these persons and institutions provide information to and cooperate with the City of Raleigh, its contractors, and its agents with respect to these requests for background information. I hereby waive any rights or claims I might have against all persons, firms, and corporations seeking information, including the City of Raleigh, its contractors, and its agents with regard to the acquisition, use, retention, or disclosure of any such information.

Please Note: You must provide your “**Full**” middle name and a “Previous Address.” If you have not lived at your current and previous address for a total of **10 YEARS**, then you must supply additional addresses below or use a separate sheet, and attach it to this form.

Name _____

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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Date of Birth / /
MONTH / DAY / YEAR

Sex ☐ ☐
MALE FEMALE

Race _____

Driver's Lic. No. _____ **State** _____ **Type of License:** CLASS A_ ☐ B_ ☐ C_ ☐ **CDL:** CLASS A_ ☐ B_ ☐ C_ ☐

PLEASE PROVIDE 10 FULL YEARS OF ADDRESSES BELOW: (Do not list post office boxes.)

Current Address _____ **STREET OR RFD** _____ **CITY** _____ **COUNTY** _____ **STATE** _____ **years** _____ **mo.**
Length of time at residence

Previous Address _____ **STREET OR RFD** _____ **CITY** _____ **COUNTY** _____ **STATE** _____ **Length of time at residence** _____ years _____ mo.

Previous Address _____ **STREET OR RFD** _____ **CITY** _____ **COUNTY** _____ **STATE** _____ **Length of time at residence** _____ years _____ mo.

Previous Address _____ **STREET OR RFD** _____ **CITY** _____ **COUNTY** _____ **STATE** _____ **Length of time at residence** _____ years _____ mo.

Previous Address _____ **STREET OR RFD** _____ **CITY** _____ **COUNTY** _____ **STATE** _____ **Length of time at residence** _____ years _____ mo.

Are you a **current** employee of the City of Raleigh? YES ☐ NO ☐

Have you ever been employed by the City of Raleigh? List dates: _____

Have you ever served time in prison? Note: A "YES" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. YES ☐ NO ☐

Have you ever been convicted of a felony? Note: A "YES" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. YES ☐ NO ☐

APPLICANT'S SIGNATURE _____ **DATE** ____/____/____

(FOR OFFICE USE ONLY)

CST appt ____	dl sent ____	cc sent ____	cc results: ____	start: ____	Supervisor:	Telephone:
results	dl results		Approved to apply for City permit		Not Approved to apply for	City permit



City of Raleigh
North Carolina

**Social Security Request
and
Statement of Purpose**

In compliance with the Confidential Records Laws, the City of Raleigh requests your social security number to process the background investigation, which includes a criminal and civil background investigation and social security verification.

Note: Additional information may be required if this position has access to cash, checks, credit cards, credit card numbers or other financial data.

Please complete the following information:
Please print legibly.

Name_____

Social Security #_____

Applicant
signature_____

Position title and number_____

03/12/08

(turn page)

Name: _____
(Last) (First) (Middle)

Name you go by: _____

Address: _____

Phone: Area Code and Phone Number

Day (____) _____ - _____ Evening (____) _____ - _____ Other (____) _____ - _____